

SSVF Priority 1 Community Plan

Date Completed/Revised:

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Month			Day			Year			

Continuum of Care (CoC) Name: Homeless Services Network of Central Florida, Inc.		CoC #:FL507
CoC Representative: Helaine Blum		Title: Interim Executive Director
Phone/Email: 407-893-0133 x602; Helaine.Blum@hsncfl.org		
Person Completing this Plan: Melody Froling		Title: Grants Manager
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1. Primary Planning and Coordination Group: Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

Primary Group Name: P1 Surge	
Principle Members	Principle Members
Helaine Blum, ED on Loan, HSN	Celestia McCloud, Osceola Cty govt or Representative
Melody Froling, Grant Manager, HSN	Valmarie Turner, Seminole Cty govt or Representative
, Veteran Services Program Manager, HSN	Ed Dimayuga, Attorney, Orange Cty Bar Legal Aid
Joan Domenech, Manager Coordinated Assessment, HSN	Christie Bhageloe, Attorney, Community Legal Aid of Mid Florida
Ken Mueller, HCHV Manager, Orlando VA	Jaime Quarnoccio, LVER, CareerSource Florida
Karen Harmon, Lead Admin, Aspire Seminole	Rafiq Raza, Social Work, GPD Liaison/Emergency Beds
Sarai Cabrai, Admin Lead, Heart of Florida United Way	Donald Whitehead, Director, Coalition for the Homeless
Mary Jane Grant, Lead CM, Aspire CFDFL	Andrae Bailey, CEO, Central Florida Commission on Homelessness
Yvette Dejesus, Lead CM, The Transition House, Inc.	City of Orlando Representative
Eric Gray/Keith Theriot, ED/Reg Director, CFOC	Formerly Homeless Veteran
Babette Allen, Admin Lead, Grand Avenue ECDC	
Bakari Burns, CEO, Health Care Center for the Homeless	
Donna Wyche, Orange Cty Govt, or Representative	

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The group will meet once a month. During these meeting the group will track progress on housing placement and retention and outcomes. The group will identify and address barriers to housing placement and amount of time to place clients identified as homeless. SSVF representatives will report out on progress to end Veteran homelessness and any barriers, issues, etc. appropriate for the Veteran's Community Action Team will be addressed. We will identify unmet community needs, supports and resources necessary and create plan(s) to address those needs.

HIC and VA data will be reviewed to identify sheltered veterans in need of permanent housing placement and for bed vacancies for placement.

We have begun a separate bi-weekly case conferencing for Veterans specifically. During this meeting current and new homeless veteran referrals are reviewed and their progress toward housing is noted and tracked. During the meetings, issues of veteran location, VA eligibility, housing matching and any known barriers to housing are discussed. Any other issues such as advocating for a higher level of prioritization based on other factors not reflected in VI-SPDAT score are also discussed.

3. SSVF Grantees Serving CoC Geography: Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 ("surge), 2 (renewals), and 3 (other new) awards. If one agency has multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geography. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

Grantee Agency Name	Grant Amount	Total Annual Projected Households	Total Annual Projected Households: Rapid Re-Housing	% of Total Households to be Assisted with Rapid Re-Housing
CFDFL/Aspire - P1	\$458,924	110	88	80
CFDFL/Aspire - P2	\$287,636	100	60	60
HCCH - P1	\$149,345	150 (outreach only)	0	0
HCCH - P2	\$52,850	100 (outreach only)	0	0
HFUW - P1	\$226,335	50	40	80
HFUW - P2	\$124,911	75	45	60
SBH/Aspire - P1	\$327,982	50 (+ 50 outreach only)	40	80
SBH/Aspire - P2	\$140,327	65	39	60
TTHI - P1	\$226,335	50	40	80
TTHI - P2	\$204,887	100	60	60
CFO - P2	\$61,770	50	0	0
GAECDC - P1	\$141,380	80	48	60
CLSMF - P1	\$50,000	TBD	0	0
CLSMF - P2	\$25,000	TBD	0	0
LASOC - P1	\$50,000	TBD	0	0
LASOC - P2	\$25,000	TBD	0	0
CSC declined/New agency TBD	\$226,335	50	40	80
TOTAL	\$2,771,017.00	1080 TOTAL HH 730 Housing eligible	500 500	46% 68%

4. Annual Demand and Need for Rapid Re-Housing Assistance: Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

	Annual Unduplicated Homeless Veteran Households(2013/14 HMIS Data)	Estimated # of Needing RRH (a)	Projected # to be Assisted with SSVF RRH (b)	Projected # to be Assisted with Other RRH (c) (Gap)	Gap (a-(b+c))
Households without Children	430	107	192	7	-92
Households with Children	9	3	4	2	-3
Total Homeless Veteran Households	439	110	196	9	-95

5. CoC Goals for Ending Homelessness Among Veterans: List the CoC's goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant).

What are the CoC's goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count?

	All Homeless Veteran Households (including CH)			Chronically Homeless Veteran Households		
	Sheltered	Unsheltered	TOTAL	Sheltered	Unsheltered	TOTAL
Households without Children	190	0	190	15	0	15
Households with Children	0	0	0	0	0	0
Total Households	190	0	190	15	0	15

Has the CoC established other goals related to preventing and ending homelessness among Veterans by the

☒ Yes ☐ No

end of 2015?

If “Yes”, please describe:

The CoC has participated in the 25 Cities and has implemented a Coordinated Assessment system which includes bi-weekly case conferencing. Veterans are identified using the VISPDAT for the appropriate housing match.

6. SSVF Integration into CoC Coordinated Assessment System(CAS): Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC’s coordinated assessment system (e.g., “All Veterans who present to the CoC coordinated assessment center are screened for their current situation, needs, and SSVF eligibility. Then....). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

- a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.
- b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

A & B) All clients that self-identify as veterans are assessed using a common assessment tool (VI-SPDAT) this tool scores from 0-20 20 being the highest acuity. Veterans identified by the CAS that score 0-9 on the VI-SPDAT will be diverted to the SSVF program and those scoring 10 or more will be matched to other more suitable VA or community programs. Those 10 or above who are unable to be housed due to lack of appropriate PSH, will be placed in housing through SSVF RRH services. Veterans are screened through various community providers including outreach teams, once identified they will be screened and matched to the best program available for their needs. This process is documented in HMIS to track the client’s process and housing outcome.

7. Long-Term System Improvements: Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

- a) Further integrating SSVF assistance into the CoC’s planning, oversight processes and coordinated assessment system.
- b) Ensuring comprehensive coordination with VA systems and other VA funded programs.
- c) Improving or establishing partnerships with community-based services and public/private housing providers.

a) SSVF will solicit community feedback on how to target and serve veterans with the funds over the next three years. The program will continue to work with Coordinated Assessment and Housing Placement team to identify housing needs and appropriate placement. As homelessness is reduced the program will work with the CoC to address prevention and housing retention.

b) SSVF and the CoC have been coordinating with the VA and VA programs for the past 3 years by hosting biweekly meetings. Biweekly meetings will continue with HCHV and SSVF staff, as well as CAHP case conferencing.

c) Monthly CoC meetings will continue to be hosted by HSN. These meetings bring all community partners together to share resources available within the CoC. SSVF providers will have one “float case manager” within each county to outpost at various locations to meet with clients that have transportation issues. The addition of 2 Housing Specialist in the P1 grant will allow for a housing inventory bank to be created. This staff will work with the CAHP team and participate in case conferencing to identify housing vacancy and expedite housing.

8. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The additional funds will allow for a true housing first model to be put into operation by removing past barriers such as lack of income. Addition of staff will allow for more intensive employment and benefit application support as well as case management which focuses on long term housing stability.

The challenge in this CoC is locating affordable housing while targeting 30% AMI households. With the use of SSVF P1 funds our strength will be longer term financial assistance for RRH clients rather than only paying deposits and first months' rent.